

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)

SERIAL NO.	FILING DATE
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APPLICANT(S)

10/069323

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	/						51		
2	/						52		
3	/						53		
4	/						54		
5	/						55		
6	/						56		
7	/						57		
8	/						58		
9	/						59		
10	/						60		
11	/						61		
12	/						62		
13	/						63		
14	/						64		
15	/						65		
16	/						66		
17	/						67		
18	/						68		
19	/						69		
20	/						70		
21	/						71		
22	/						72		
23	/						73		
24	/						74		
25	/						75		
26	/						76		
27	/						77		
28	/						78		
29	/						79		
30	/						80		
31	/						81		
32	/						82		
33							83		
34							84		
35							85		
36							86		
37							87		
38							88		
39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	5						TOTAL IND.		
TOTAL DEP.	27						TOTAL DEP.		
TOTAL CLAIMS	32						TOTAL CLAIMS		